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MAIL TO: Office of the Attorney General Registry of Charltable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 Telephone: (916) 323-5079

WEB SITE ADDRESS:

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES

2002 ANNUAL FINANCIAL REPORT (California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1





Name and Address of Commercial Fundamental	id-raiser: (43	Name and Address of Charitable Organization: CT No
11500 West Olympic Boulev Los Angeles CA Figures from (check one): National C Mail		CT No. LEIN No. LEIN NO.
Los Angeles CA Figures from (check one): National C Mail		Citizens Against Government Waste
Figures from (check one): National C	ard, Suite 540	Name of Charity 1301 Connecticut Avenue, NW
Mail	90064 .	Address of Charlty Washington Clty, State, and ZIP Code of Charity
Mail	Dampalgn California Campaign	المارية ال
(Type of Activity)	held (on) (from) 1/1/2	2003 , ₂₀ , _{to} 4/30/2003 , ₂₀
		(Date or dates must be shown)
Is the contract between the commercial : If other, provide brief explan		e or percentage of revenue? (check one) Fee ⊠ Percentage □ Other □
A. Cash contributions B. Entertainment sales or admission C. Sales from products D. Advertisement sales E. Membership fees F. Other sources: (Specify) a. b. c. d. G. TOTAL REVENUE	on charges	Expect revenues to be collected over the next ten years as a result of estate planning education of member prospects (see attached explanation) Fb. Fc. Fc. Fd.
2. EXPENSES A. Fees or commissions B. Salaries C. Payroll taxes D. Employee benefits E. Cost of merchandise for resale F. Cost of entertainment G. Postage H. Advertising j. Telephone J. Rental of equipment K. Facilities charge L. Permits M. Other expenses: (Specify) a. b. c. d. N. TOTAL EXPENSES		A. B. C. D. Please see E. F. G. H. L. Ma. Mb. Mc. Md.

CT-2cf 11/2002)

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" COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES 2002 ANNUAL FINANCIAL REPORT

(California Government Code Section 12599)

P	age	2
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	•			
Amount to Charity (subtract line 2N from line 1G)		• He to the second of the seco	3.	
Less additional fund-raising expenses paid by charity (to be completed by charity)				
Less fair market value of goods and/or services used f	or the event which were paid by sponsor(s)		5.	
Net proceeds realized by charity from the campaign (s	ubtract lines 4 and 5 from line 3)		6.	
(a) Does any officer, director, partner or owner of the organization for which the Commercial Fund-raiser [] Yes [X] No If "yes," complete the following the complete	has contracted to solicit?	or control over, directly or indirectly, the c	haritable	
Name of officer, director, partner or owner of Commercial Fund-raiser	Name and address of charitable organization	Relationship of officer, etc. To charitable organization		
			•	
	•			
Į.				
	<u>,</u>		<u> </u>	
(b) For each affiliation identified in 7 (a), attach copy of	of the contract between the commercial fundrals	er and the charity.		
nder penalties of perjury, I declare that I have examined t		schedules and statements, and to the best	_	
nder penalties of perjury, I declare that I have examined t	his report, including accompanying documents,		_	
Inder penalties of perjury, I declare that I have examined to nowledge and belief, it is true, correct and complete.		schedules and statements, and to the best	_	
nder penalties of perjury, I declare that I have examined to nowledge and belief, it is true, correct and complete.	his report, including accompanying documents, and the second seco	schedules and statements, and to the best Managing Partno	er 5/2	
nder penalties of perjury, I declare that I have examined to nowledge and belief, it is true, correct and complete. Ignature of authorized officer (Commercial Fund-raiser)	his report, including accompanying documents, and a supplied of the charitable organization for verifying the distribution of the charitable organization	schedules and statements, and to the best MANAGING PARM Title	er 5/2	
Inder penalties of perjury, I declare that I have examined to nowledge and belief, it is true, correct and complete. Ignature of authorized officer (Commercial Fund-raiser) This report must be signed by two officers or directors of the	his report, including accompanying documents, a Thomas Sicycl Printed Name Thomas A. Scan	schedules and statements, and to the best Managing Partno title ution. Title	Date	
(b) For each affiliation identified in 7 (a), attach copy of the c	his report, including accompanying documents, a Thomas Sicycl Printed Name Thomas A. Scan	schedules and statements, and to the best Managing Partno title utlon. Resconsist	Date	

GIFT PLANNING DIRECT EXPENSE ALLOCATION

Citizens Against Government Waste

	0.00
PRINTING EXPENSES	0.00
SUB CONTRACT EXPENSES	0.00
PROGRAM MANAGEMENT EXPENSES	0.00
SALARY/CONSULTANT EXPENSES	0.00
	0.00
LICENCING/REGISTRATION FEES	0.00
DEPRECIATION	0.00
GENERAL OFFICE	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
•	0.00
GROSS PROFIT	0.00
Total	0.00

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